**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Art Unit: 2616

Examiner: Derrick W. Ferris

In Re: Dan Kikinis
Case: P3295
Serial No.: 09/024,923
Filed: 02/17/1998
Subject: Telephone Network Interface Bridge Between Data Telephony Networks and
Dedicated Connection Telephony Networks

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

REQUEST FOR PAYMENT**Deposit Account No. 500534 under 37 CFR §1.26**

Dear Sir:

Applicant respectfully requests a correction payment from deposit account 500534 in the amount of \$200.00.

In reviewing the Deposit Account, it has come to our attention fees were deducted on 06/30/2006 from the Deposit Account for Fee Code 2202, a "Claims in Excess of 20" in the amount of \$200.00. Applicant filed an RCE and amended claims on 06/22/2006. The additional fees for claims were paid through the deposit account as a small entity. As the applicant is not entitled to small entity fee (2202), fees of \$400.00 should have been paid from the Deposit Account.

We respectfully request the Commissioner to correct payment from deposit account No. 500534 the difference amount of \$200.00.

If you require additional information, please telephone this office.

Sincerely,

/Donald R. Boys/

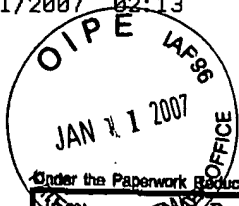
Donald R. Boys Reg. No. 35074

01/25/2007 SLUANG1 00000031 500534 09024923
01 FC:1202 400.00 DA

Central Coast Patent Agency, Inc.
3 Hangar Way, Suite D
Watsonville, CA 95076
(831) 768-1755

Adjustment date: 01/25/2007 SLUANG1
06/30/2006 JD08BS 00000001 500534 09024923
01 FC:2202 200.00 CR

3295



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Approved for use through 9/30/00. OMB 0861-0031
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Request for Payment
Application No.: 09/024,923

Certificate of Transmission under 37 CFR 1.8

Attn: Payment

Fax No.: (571) 273-6500

I hereby certify that this correspondence is being facsimile transmitted to the
Patent and Trademark Office

on 01/11/2007

Date

Signature

Sheri Beasley

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Total Sheets Transmitted - 2

1. Request for Payment from Deposit Account 500534 - 1 sheet
2. Certificate of Transmission - 1 sheet

Following is a request for \$200.00 to be taken from Deposit Account 500534 for application
09/024,923.

If you do not receive all pages please call me at (831) 768-1755.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.